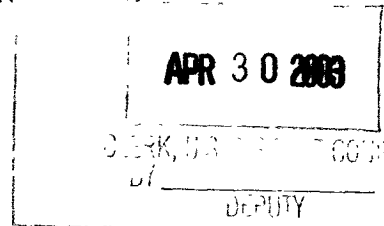


COMPLAINT UNDER 42 USC §1983, CIVIL RIGHTS ACT-TDCJ-ID (Rev. 7/97)

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
POTTER COUNTY DIVISION

BOBBY THOMAS #503981
Plaintiff's name and ID Number

Bill CLEMENS Unit
Place of Confinement



CASE NO: **2-03CV-0112J**
(Clerk will assign the number)

v.

DAVID KING / DAVID KARNEY 9601 SPUR 591
Defendant's name and address
AMARILLO, TX 79107

DAVID MEEKER / FRANK POHLMEIER 9601 SPUR 591
Defendant's name and address
AMARILLO, TX 79107

WILLIAM GONZALES 8602 PEACH ST.
Defendant's name and address
LUBBOCK, TX 79404
(DO NOT USE "ET AL.")

I. PREVIOUS LAWSUITS:

A. Have you filed any other lawsuits in state or federal court relating to your imprisonment? YES ☒ NO

B. If your answer to "A" is "yes", describe each lawsuit in the space below.
(If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: N/A

2. Parties to previous lawsuit:
Plaintiff(s) N/A

Defendant(s) N/A

3. Court (If federal, name the district; if state, name the county) N/A

4. Docket Number: N/A

5. Name of judge to whom case was assigned: N/A

6. Disposition: (Was the case dismissed, appealed, still pending?) N/A

7. Approximate date of disposition: N/A

II. PLACE OF PRESENT CONFINEMENT:

Bill CLEMENS Unit

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? ☒ YES ☐ NO
Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name of address of plaintiff:

9601 SPUR 591
AMARILLO, TX 79107

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: DOCTOR DAVID KING - PAMIO PROGRAM
9601 SPUR 591 AMARILLO, TX 79107

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

by neglecting his obligation of supplying adequate treatment

Defendant #2: DOCTOR DAVID KARNLEY - PAMIO PROGRAM
9601 SPUR 591 AMARILLO, TX 79107

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

by neglecting his obligation of supplying adequate treatment

Defendant #3: MR. DAVID MEEKER - ADMINISTRATOR - PAMIO PROGRAM
9601 SPUR 591 AMARILLO, TX 79107

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

by neglecting his obligation of supplying adequate treatment

Defendant #4: MAJOR FRANK POHLMAYER - PAMIO PROGRAM
9601 SPUR 591 AMARILLO, TX 79107

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

by abusing his authority and interfering with the treatment of the program

Defendant #5: WILLIAM GONZALEZ - PROGRAM DIRECTOR
8602 PEARL STREET LUBBOCK, TX 79404

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

I have personally wrote him of these allegations he's not to address it

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases of statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

I am a patient of the PAMIO program where I am seeking mental help from Dr. David King, Dr. David

Harney, Mr. Smucker, yet I and every other inmate is denied this mental treatment due to the abuse of authority by Major Frank Pohlmeier. Interfering with mental treatment of the program and the doctors refuse to stand their ground of rightful treatment of the patients. I wrote William Gonzalez the program director and he's flatly refuse to respond.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Make sure this program start giving rightful treatment by the doctors to the inmates and mental anguish damage of \$50,000, punitive damages of \$100,000.

VII. BACKGROUND INFORMATION:

- A. State, in complete form, all names you have ever used or been known by including any and all aliases:
- B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you.

#408098 #503981

VII. SANCTIONS:

- A. Have you been sanctioned by any court as a result of any lawsuit you have filed?
☐ YES ☒ NO
- B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)
1. Court that imposed sanctions (if federal, give district and division): N/A
 2. Case Number: N/A
 3. Approximate date sanctions were imposed: N/A
 4. Have the sanctions been lifted or otherwise satisfied? ☐ YES ☐ NO
- C. Has any court ever warned or notified you that sanctions could be imposed? ☐ YES ☒ NO
- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer

the same questions.)

1. Court that imposed warning (if federal, give the district and division):
2. Case number: N/A
3. Approximate date warnings were imposed: N/A

N/A

Executed on: 4-23-03
DATE

Boluwaj Thomas #503981

(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$150 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this

23

(Day)

day of

APRIL
(Month)

, 20

03

(Year)

Boluwaj Thomas #503981

(Signature of Plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.